



## On-line Complaint Form

### Office of Consumer Credit Regulation

35 State House Station  
Augusta, Maine 04333-0035

(207) 624-8527  
(207) 582-7699 (Fax)  
Within Maine, toll-free 1-800-332-8529

FOR OFFICE USE ONLY

COMPLAINT NUMBER  
ASSIGNED

\_\_\_\_\_

#### WHAT YOU SHOULD KNOW ABOUT THIS COMPLAINT PROCESS:

1. We cannot process your complaint unless you first have contacted the business and tried to resolve it on your own.
2. We will assign a complaint number and send you an acknowledgement that contains your complaint number.
3. If you have given us permission to provide your complaint to the company involved, we will mail a copy of your complaint to the company give them a certain number of day to respond to us in writing.
4. Most complaints are resolved within 30-45 days.
5. We are a Law Enforcement agency. We can require that companies comply with the law. We cannot act as your attorney or pursue civil damages on your behalf.
6. It is important that your complaint be complete and accurate. If the complaint involves invoices, contracts or collection letters, please provide copies to us. You may reach by the following means:

Fax: (207) 582-7699

Email: [Consumer.Complaints@maine.gov](mailto:Consumer.Complaints@maine.gov)

Office: Office of Consumer Credit Regulation  
122 Northern Avenue, Gardiner, ME 04345

Please complete the spaces below as completely as possible and attach copies of any materials relevant to your complaint, such as billing statements, credit contracts, disclosure statements, bills of sale, advertisements, credit reports, collection agency letters, account numbers, etc.

Your name(s):

Address:

Name of Business Complained Against:

Address:

City:

State:

Zip:

Daytime Phone (Home and Office):

Email Address (optional):

Co-signer Name:

Address:

City:

State:

Telephone Number:

Name of person(s) you dealt with:

**BRIEFLY EXPLAIN YOUR COMPLAINT - List the facts in the order that they occurred. Include names, dates, places and times, as this information is extremely important.**

**STATE WHAT YOU WOULD LIKE THE BUSINESS TO DO to resolve your complaint**

May we send a copy of this complaint to the company?

- Yes
- No

Do you authorize the Office of Consumer Credit Regulation to act on your behalf to communicate with your creditors or other businesses, obtain documents from those businesses and take all appropriate steps to respond to your

complaint?

- Yes
- No

By completing this form, you are authorizing the Office of Consumer Credit Regulation to act on your behalf to communicate with your creditors or other businesses, obtain documents from those businesses and take all appropriate steps to respond to your complaint.

**FOR COMPLAINTS INVOLVING DISPUTED WITH CREDIT REPORTS:**

If your complaint relates to a credit report, do you give the Office permission to receive a copy of your credit report?

- Yes
- No

If yes, please enter your date of birth: Month  Day  Year , and Social Security number:  -  -

- Supporting documents attached
- Supporting documents faxed
- Supporting documents being sent by mail
- No supporting documents